



# "Where Achievement Matters"

4617 Mirabeau Ave.  
New Orleans, LA 70126  
(504) 373-6236 (p) (504) 308-3661 (f)

March 29, 2019

FISCAL YEAR:

20 18 / 20 19

## CHECK REQUEST FORM

NAME OF ORGANIZATION:

Dr. Eric Jones

PAYABLE TO: Dr. Eric Jones

Address:

CITY

STATE

ZIP CODE

Check One Debit/Credit Card Purchase ☐ Prebill ☐  
Check Request ☒ Vendor Invoice ☐

VENDOR INVOICE #:

DATE OF INVOICE:

DATE OF PURCHASE	DESCRIPTION (Give Complete Specifications)	BUDGET LINE	AMOUNT
	Employee Recognition		\$500.00
TOTAL AMOUNT:			\$500.00

### APPROVAL FOR PAYMENT

I hereby certify that the above goods, services or expenses have been received, rendered or incurred to my satisfaction. All appropriate invoices, purchase requisitions, purchase orders, prior approvals, etc. are attached as required.

*Shavondra Wallace*  
Requested by: Signature (1)

Shavondra Wallace

Print Name

Administrative Assistant

Title

Date

3.29.19

*Audrey Woods*  
Approved by: Signature (2)

Audrey Woods

Print Name

Board President

Title

Date

### FOR FINANCIAL SERVICES USE

AMOUNT:

\$500.00

FUNDING SOURCE

CHECK NUMBER

FUNCTION CODE

OBJECT CODE

P.O. NUMBER

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

11434

CAPITAL ONE  
Capital One, N.A.

14-9550

BETTER CHOICE FOUNDATION  
OPERATING ACCOUNT  
4617 MIRABEAU AVE.  
NEW ORLEANS, LA 70126

3/29/19

PAY TO THE  
ORDER OF

Dr. Eric Jones

\$ 500.00

Five hundred dollars 00/100

DOLLARS

MEMO

VALID  
VALID  
VALID  
VALID

Audrey B. Woods  
AUTHORIZED SIGNATURE

⑈011434⑈ ⑈06500090⑈302 70 72002⑈

Better Choice Foundation

Operating Account

11434